

## PARTNER IDENTIFICATION AND MATCH PLEDGE FORM

**Please complete form and return to the Council on Postsecondary Education along with a description of proposed partnership with GEAR UP Kentucky-II**

1. Institution/Organization \_\_\_\_\_

**Point of Contact:** Name \_\_\_\_\_

Title \_\_\_\_\_ Department \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ e-mail \_\_\_\_\_ Fax \_\_\_\_\_

### 2. Type of Organization:

☐ Local Education Agency

☐ Institution of Higher Education

(check all that apply)

**A.** ☐ Four-Year ☐ Two-Year

**B.** ☐ Public ☐ Private

**C.** ☐ College ☐ University

**D.** ☐ HBCU ☐ HSI ☐ TCCU ☐ NHSI ☐ ANSI

Other types:

☐ Business

☐ Community-based organization

☐ Professional association

☐ Philanthropic Organization

☐ State Agency

☐ Other: \_\_\_\_\_

### 3. Non-Federal Funds or Contributions Provided by Partners

	YEAR 1	YEAR 2	YEAR 3	YEAR 4	YEAR 5	YEAR 6	TOTAL
1. Salaries and Wages							
2. Employee Benefits							
3. Travel							
4. Materials and Supplies							
5. Consultants and Contracts							
6. Other							
<b>A. Total Direct Costs</b> (Sum of lines 1-6)							
<b>B. Total Indirect Costs:</b> (Cannot be greater than 8% of Total Direct Costs)							
<b>C. Equipment</b>							
<b>D. Scholarships/Tuition Assistance</b>							
<b>E. TOTAL</b> (Lines A + B+ C+ D)							

Please summarize the partner's specific support and commitment to the project in this space.

SIGNATURE OF AUTHORIZING OFFICIAL: \_\_\_\_\_

NAME OF AUTHORIZING OFFICIAL: \_\_\_\_\_

TITLE OF AUTHORIZING OFFICIAL \_\_\_\_\_